

# PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) CAPRIS

**Box No. I TITLE OF INVENTION**

METHOD FOR DETECTING PRP USING AT LEAST ONE POSITIVE CHARGE AND/OR AT LEAST ONE GLYCOSIDIC BOND AND A LIGAND OTHER THAN A PROTEIN LIGAND

**Box No. II APPLICANT**

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Biomerieux  
Chemin de l'Orme  
69280 MARCY L'ETOILE  
FRANCE

Telephone No.  
04.78.87.23.19

Facsimile No.  
04.78.87.21.16

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:

FR

State (that is, country) of residence:

FR

This person is applicant for the purposes of:

☐

all designated States

☒

all designated States except the United States of America

☐

the United States of America only

☐

the States indicated in the Supplemental Box

**Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)**

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Universite Claude Bernard Lyon  
43 boulevard du 11 novembre 1918  
69622 VILLEURBANNE CEDEX  
FRANCE

This person is:

☒ applicant only

☐ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

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☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

**Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒

agent

☐

common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Biomerieux  
DORGET, Elisabeth  
Chemin de l'Orme  
69280 MARCY L'ETOILE  
FRANCE

Telephone No.

04.78.87.50.23

Facsimile No.

04.78.87.21.16

Teleprinter No.

Agent's registration No. with the Office

☐

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

## Continuation of Box No. III

## FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Centre National de la Recherche Scientifique  
3 rue Michel-Ange  
75794 PARIS CEDEX 16  
FRANCE

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- ☒ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

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Agence Francaise de Securite Sanitaire des Aliments  
27-31 avenue du General Leclerc  
94701 MAISONS-ALFORT  
FRANCE

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☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

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BENSIK-REYNIER, Anna  
1280 route du Plateau  
38110 SAINT CLAIR DE LA TOUR  
FRANCE

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

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COLEMAN, Anthony William  
55 rue de Margnolles  
69300 CALUIRE ET CUIRE  
FRANCE

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

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☒ Further applicants and/or (further) inventors are indicated on another continuation sheet.

**Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)**

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DA SILVA, Eric  
20 rue Camille Roy  
69007 LYON  
FRANCE

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only *(If this check-box is marked, do not fill in below.)*

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DUPIN, Marilyne  
Chatanay  
69670 VAUGNERAY  
FRANCE

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☒ applicant and inventor  
☐ inventor only *(If this check-box is marked, do not fill in below.)*

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LECLERE, Edwige  
12 rue des Pierres Blanches  
69001 LYON  
FRANCE

This person is:

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☒ applicant and inventor  
☐ inventor only *(If this check-box is marked, do not fill in below.)*

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MARTIN, Ambroise  
605C route du Bas Privas  
69390 CHARLY  
FRANCE

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only *(If this check-box is marked, do not fill in below.)*

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| Continuation of Box No. III   |  | <b>FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>   |  |
|---|--|--|--|
| <i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>  |  |  |  |
| Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i><br><br>MOUSSA, Aly<br>52 chemin du Grand Revoyet<br>69600 OULLINS<br>FRANCE                    |  | This person is:<br><input type="checkbox"/> applicant only<br><input checked="" type="checkbox"/> applicant and inventor<br><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i><br><br>Applicant's registration No. with the Office |  |
| State <i>(that is, country)</i> of nationality: FR  |  | State <i>(that is, country)</i> of residence: FR   |  |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box   |  |  |  |
| Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i><br><br>PERRON, Herve<br>4 allée de la Guignonniere<br>69290 SAINT GENIS LES OLLIERES<br>FRANCE |  | This person is:<br><input type="checkbox"/> applicant only<br><input checked="" type="checkbox"/> applicant and inventor<br><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i><br><br>Applicant's registration No. with the Office |  |
| State <i>(that is, country)</i> of nationality: FR  |  | State <i>(that is, country)</i> of residence: FR   |  |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box   |  |  |  |
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| State <i>(that is, country)</i> of nationality: FR  |  | State <i>(that is, country)</i> of residence: FR   |  |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box   |  |  |  |

**Box No. V DESIGNATIONS**

The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.

However,

- ☐ DE Germany is **not designated** for any kind of national protection
- ☐ KR Republic of Korea is **not designated** for any kind of national protection
- ☐ RU Russian Federation is **not designated** for any kind of national protection

*(The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, of an earlier national application from which priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain other States.)*

**Box No. VI PRIORITY CLAIM**

The priority of the following earlier application(s) is hereby claimed:

| Filing date of earlier application (day/month/year) | Number of earlier application | Where earlier application is:                  |  |   |
|---|-------------------------------|--|--|---|
|   |                               | national application: country or Member of WTO | regional application:* regional Office | international application: receiving Office |
| item (1)<br>20/01/2004                              | 0400492                       | FR   |  |   |
| item (2)<br>17/06/2004                              | 0406538                       | FR   |  |   |
| item (3)  |                               |  |  |   |

- ☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) *(only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office)* identified above as:

- ☐ all items      ☒ item (1)      ☒ item (2)      ☐ item (3)      ☐ other, see Supplemental Box

*\*Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)).*

**Box No. VII INTERNATIONAL SEARCHING AUTHORITY**

**Choice of International Searching Authority (ISA)** (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA /EP.....

**Request to use results of earlier search; reference to that search** (if an earlier search has been carried out by or requested from the International Searching Authority):

|                       |         |                              |
|-----------------------|---------|------------------------------|
| Date (day/month/year) | Number  | Country (or regional Office) |
| 20/01/2004            | 0400492 | FRANCE                       |

**Box No. VIII DECLARATIONS**

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

|   |  | Number of declarations |
|---|--|------------------------|
| <input type="checkbox"/> Box No. VIII (i)             | Declaration as to the identify of the inventor   | :                      |
| <input type="checkbox"/> Box No. VIII (ii)            | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent             | :                      |
| <input type="checkbox"/> Box No. VIII (iii)           | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | :                      |
| <input checked="" type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America)                               | : 1                    |
| <input type="checkbox"/> Box No. VIII (v)             | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty:  | :                      |

**Box No. IX CHECK LIST; LANGUAGE OF FILING**

This international application contains:

(a) on paper, the following number of sheets:

request (including  
declaration sheets) : 6description (excluding  
sequence listings and/or  
tables related thereto) : 36

claims : 4

abstract : 1

drawings : 9

Sub-total number of sheets : 56

sequence listing :

tables related thereto :

(for both, actual number  
of sheets if filed on paper,  
whether or not also  
filed in electronic form;  
see (c) below) :

Total number of sheets : 56

(b) ☐ only in electronic form  
(Section 801(a)(i))(i) ☐ sequence listing(ii) ☐ tables related thereto(c) ☐ also in electronic form  
(Section 801(a)(ii))(i) ☐ sequence listing(ii) ☐ tables related theretoType and number of carriers (diskette,  
CD-ROM, CD-R or other) on which are  
contained the☐ sequence listing☐ tables related thereto(additional copies to be indicated under  
item 9(ii) and/or 10(ii), in right column)This international application is accompanied by the following  
item(s) (mark the applicable check-boxes below and indicate in  
right column the number of each item):1. ☒ fee calculation sheet : 12. ☐ original separate power of attorney :3. ☐ original general power of attorney :4. ☒ copy of general power of attorney; reference number,  
if any: : 15. ☐ statement explaining lack of signature :6. ☐ priority document(s) identified in Box No. VI as  
item(s): :7. ☐ translation of international application into  
(language): :8. ☐ separate indications concerning deposited microorganism  
or other biological material :9. ☐ sequence listing in electronic form  
(indicate type and number of carriers)(i) ☐ copy submitted for the purposes of international search under  
Rule 13ter only (and not as part of the international application) :(ii) ☐ (only where check-box (b)(i) or (c)(i) is marked in left column)  
additional copies including, where applicable, the copy for the  
purposes of international search under Rule 13ter :(iii) ☐ together with relevant statement as to the identity of the copy or  
copies with the sequence listing mentioned in left column :10. ☐ tables in electronic form related to sequence listing (indicate  
type and number of carriers)(i) ☐ copy submitted for the purposes of international search under  
Section 802(b-quater) only (and not as part of the international  
application) :(ii) ☐ (only where check-box (b)(ii) or (c)(ii) is marked in left column)  
additional copies including, where applicable, the copy for the  
purposes of international search under Section 802(b-quater) :(iii) ☐ together with relevant statement as to the identity of the copy or  
copies with the tables mentioned in left column :11. ☐ other (specify): :Number  
of itemsFigure of the drawings which  
should accompany the abstract:Language of filing of the  
international application: French**Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

Marcy l'Etoile le 19 January 2005

Elisabeth DORGET

For receiving Office use only

|   |  |
|---|--|
| 1. Date of actual receipt of the purported international application:   | 2. Drawings:<br><br><input type="checkbox"/> received:<br><br><input type="checkbox"/> not received: |
| 3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: |  |
| 4. Date of timely receipt of the required corrections under PCT Article 11(2):  |  |
| 5. International Searching Authority (if two or more are competent): ISA /  |  |
| 6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid   |  |

For International Bureau use only

Date of receipt of the record copy  
by the International Bureau: